



Tentative Plan Application

140 South 3rd Street
Central Point, OR 97502
541.664.3321

www.centralpointoregon.gov

APPLICANT INFORMATION

Name _____

Company _____

Address: _____

City _____ State _____ Zip code _____

Email _____

Telephone (Primary) _____ (Secondary) _____

AGENT INFORMATION (Owner's consent required)

Name _____

Company _____

Address: _____

City _____ State _____ Zip code _____

Email _____

Telephone (Primary) _____ (Secondary) _____

PROPERTY OWNER INFORMATION

Name _____

Company _____

Address: _____

City _____ State _____ Zip code _____

Email _____

Telephone (Primary) _____ (Secondary) _____

PROJECT DESCRIPTION

Project Name: _____

Map & Tax Lot(s): _____

Site Address(es): _____

Gross Acreage: _____ Existing Right-of Way Acreage: _____

Zoning District: _____ Proposed Right-of-Way Acreage: _____

Proposed Lots or _____ Environmental Acreage (i.e. _____

Parcels: _____ floodplain, wetlands, riparian): _____

Existing No. _____

Dwelling Units: _____ Proposed No. Dwelling Units: _____

PRE-APPLICATION CONFERENCE (Recommended for Type II and required for Type III applications.)

File No. _____ Date: _____

APPLICATION CHECKLIST

Applications shall include all of the following submittals:

- Application Form (Signed)
- \$3,100 Application Fee
- Legal Description
- Preliminary title report
- Property Owner Consent Form for agent authorization (if applicable)
- Tentative Plan per CPMC 16.10
 - Three (3) copies drawn to scale
 - One reduced paper copy (8 ½" x 11")
 - PDF emailed to planning@centralpointoregon.gov
- Mailing labels for property owners within 250-feet of project site perimeter

I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE ENCLOSED PLANS AND DOCUMENTS ARE TRUE, CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Property Owner Authorized Agent

Signature

Date

FOR OFFICE USE ONLY

Date Received: _____ File No. _____

Date Accepted as Complete: _____ 120-day Rule Date: _____